

## ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 21 June at 13.50pm at The Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW and on Teams

### Present:

#### English Pharmacy Board

Erutase (Tase) Oputu (TO) (Chair), Brendon Jiang (BJ)(Vice Chair), Adebayo Adegbite (AA), Claire Anderson (CA), Danny Bartlett(DB), Sibby Buckle (SB), Ciara Duffy (CD), Thorrun Govind (TG), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Ewan Maule (EM), Paul Summerfield (PS)

### In attendance:

#### RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Fellow to the RPS, James Davies, Director for England, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging; Alison Douglas (AD) Governance Manager, John Lunny (JL), Public Affairs Lead England, Heidi Wright, Practice and Policy Lead for England

#### In Attendance

2 x RPS member observers (by Teams)  
Emeka Onwudiwe - BPSA incoming Treasurer

#### Apologies

Michael Maguire (MM),  
Emma Boxer (EM)

<b>23.06.EPB.01</b>	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed board members, staff, invited guests and observers to the meeting. He gave a warm welcome to the two new board members DB and SK.</p>	
<b>23.06.EPB.02</b>	<p><b>Apologies</b></p> <p>Apologies were received from Michael Maguire and Emma Boxer</p>	
<b>23.06.EPB.03</b>	<p><b>Declarations of Interest</b></p> <p>The EPB noted paper 23.06.EPB.03 (an updated version was circulated in advance of this meeting). Alisdair Jones declared an interest for Item 05 – Advanced Clinical Checks – re PDA</p>	
<b>23.06.EPB.04</b>	<p><b>Minutes and matters arising</b></p> <p>The minutes of the meeting held on 8 February 2023 were accepted as a true and accurate record. They were approved by Paul Summerfield and seconded by Claire Anderson</p> <p><b>Actions 2 and 4 of 23.02.EPB.06</b> – remain open</p>	
<b>23.06.EPB.05</b>	<p><b>Advanced Clinical Checks</b></p> <p>EPB members noted paper 23.06.EPB.05</p> <p>HW introduced this item saying that there were calls on GPhC, PSNI and RPS to enforce and strengthen guidance on this issue.</p> <p>A meeting has been set up with the PDA, GPhC and PSNI and it would be helpful to go to the meeting with an RPS position.</p> <p>Sibby Buckle declared an interest as her employer requests that advanced clinical checks are done in relation to care homes.</p>	

Some of the comments made by EPB included:-

- Concerned that additional clinical checks do not take place in some situations – good practice example – supply up to 3 months and have 6 – 12 month reviews
- There is a difference between prescriber behaviour that needs to be considered
- Changes in clinical conditions are always going to be an issue if checked 6 months in advance, need to ensure checks if there are changes.
- With electronic repeat prescriptions for blister pack medication – sometimes the changes are not communicated to the pharmacy and there can also be additional scripts from hospital – these need to be considered.
- How do you deal with change if clinical checks are done so far in advance? Change should trigger a review, Technology is available to flag up changes
- Evidence says that people ignore computer warnings – need to be careful about reliance on technology
- In relation to repeat dispensing – when handing out medicines pharmacy staff should ask if anything has changed
- Is it appropriate to prescribe for 6 months in advance?
- We need to be clear where the responsibility lies, and this should not be devolved to another profession.
- Need to consider those medications that need more explanation – and how we intervene.
- There are medications that should not be advanced clinically checked – should be about professional judgement
- Questions raised about who is responsible if things go wrong? Liability is an issue for the PDA and insurance but not RPS, we should be concerned with professional practice
- Every individual needs to ensure operations/processes are safe
- Will be useful if there was a sharing of data on this issue – how big an issue is it?
- Organisational pressure on RP can play a part.

TO said that WT has received a range of views to consider.

**Action 1:** Advanced Clinical Checks needs to be discussed by the HEAG – put on their agenda to ensure we consider the hospital view

<p><b>23.06.EPB.06</b></p>	<p><b>GB Business Plan and Vision for Pharmacy Profession Practice in England update</b></p> <p>JD introduced this item.</p> <p>GB and England workplan – strong emphasis on media on a wide range of topics. The team have done a lot of preparation behind the scenes to support media enquiries.</p> <p>A variety of work is ongoing under the vision, some examples:-</p> <ul style="list-style-type: none"> <li>• Repeat prescribing</li> <li>• IP pilots – pathfinder sites</li> <li>• Primary care recovery plan</li> <li>• Referrals</li> <li>• Supervision</li> <li>• Engagement across the system – ICBs/ICSS</li> <li>• Pharmacy people – Workforce wellbeing roundtable – published joint statement and report still to be published</li> <li>• Continue to lobby for the Workforce Plan</li> <li>• Protected learning time</li> <li>• NIHR research</li> <li>• Genomics medicine statement</li> </ul> <p>And our work has included</p> <ul style="list-style-type: none"> <li>• Strengthening pharmacy governance</li> <li>• Virtual wards</li> <li>• I&amp;D – differential attainment and evaluation</li> <li>• Workforce – long term plan</li> <li>• Political engagement – APPG</li> </ul>	

	<p>The Board asked if the team was adequately resourced. JD said it was a matter of prioritisation as the team could not tackle everything at once. How we measure our success regarding the vision is a work in progress.</p> <p>The Vision in England is linked to the overall RPS organisational strategy.</p>	
<b>23.06.EPB.07</b>	<p><b>Access to Records by community pharmacist in England</b></p> <p>The English Pharmacy Board noted paper 23.06.EP.07</p> <p>This is a key priority area. There are plans to accelerate this in England to support the Pharmacy First Initiative which is due to be rolled out at the end of 2023 or early 2024. There is a commitment in the primary care recovery plan for an interoperable system to be in place for pharmacists and GP practices.</p>	
<b>23.06.EPB.08</b>	<p><b>Any other Business</b></p> <p><b>There was not other business to discuss</b></p>	
<b>23.06.EPB.09</b>	<p><b>Dates of Next NPB/EPB meetings</b></p> <p>20 September – zoom meeting 9<sup>th</sup> November – face to face in London (day before RPS conference)</p>	
<b>23.06.EPB.10</b>	<p><b>Close of meeting at 15.20pm</b></p>	

**Action List**

<b>Item</b>	<b>Action</b>	<b>By Whom</b>	<b>Open/Closed/Comments</b>
<b>23.02.EPB.06</b>	<b>Action 2: JD to speak to DHSC about read/write access to pharmacy records</b>	<b>JD</b>	<b>Remains open – JD did have conversation DHSC but this is ongoing</b>
<b>23.02.EPB.06</b>	<b>Action 4: Put 1<sup>st</sup> slide of workplan on EPB webpage</b>	<b>Team</b>	<b>Open – this will be actioned</b>
<b>23.02.EPB.05</b>	<b>Action 1: Advanced Clinical Checks needs to be discussed by the HEAG – put on their agenda</b>	<b>WT/JD/HW</b>	<b>Open</b>